(CHECKS ONLY)

Application Number: 08 984,178

CHANGE FROM		TO
Code: 199	Code: _	102
Amount: 2614 -	Amount:	1558
Code:	Code:	103
Amount:	Amount:	1056
Code:	Code:	
Amount:		
Code:		
Amount:	Amount:	
Submitted By:		POMMO FFE
erehnone 140:		COMPLETED
ate: 9/31/98	· ·	
Complete o	- - 411 111	ima Al)
: Number	en Ca	me el

COMPLETED

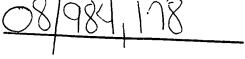


TES DEPARTMENT OF COMMERCE ASSISTANT SECRETARY OF COMMERCE AND COMMISSIONER OF PATENTS AND TRADEMARKS Washington, D.C. 20231

NOTICE OF FILING/CLAIM FEE(S) DUE

TO ENSURE PROPER CREDIT OF FEES, PLEASE RETURN A COPY OF THIS FEE CALCULATION SHEET WITH YOUR RESPONSE.

APPLICATION NUMBER:



Total Fee Calculation

	Fee Code	Total # Claims	Number Extra	X	Fœ	F	
Basic Filing Fee	Sm./Lg.				Sm. Entity	Fee = Lg. Entity	
Total Claims >20 Independent Claims >3 Mult. Dep Claim Present	203/103 202/102	<u>68</u> -20 =	1 ()	x x		1,056. 1,558.	1,056, 1,558,
Surcharge English Translation	204/104 205/105					30.	130.
TOTAL FEE CALCULA	ATION						<u> </u>

Fees due upon filing the application:

Total Filing Fees Due =

Less Filing Fees Submitted

BALANCE DUE

FORM OIPE-RAM-01 (Rev 5/97)

									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 1997						RD	08/9	184	118					
	CLAIMS AS FILED - PART I (Column 1) (Column 2)				SMA TYI	LL ENTITY	OR		R THAN ENTITY					
FOR	l		NUMBE	ER FILED		NUMBER	EXTRA	RATE	FEE		RATE	FEE		
BASI	BASIC FEE					395.00	OR	Sagar	790.00					
TOTA	TOTAL CLAIMS)	x\$11	=	OR	x\$22=	1.056					
<u> </u>	INDEPENDENT CLAIMS A minus 3 = * 1 4					x41=	=	OR	x82=	1, 558				
MUL.	TIPLE DEPEND	DENT CL	AIM PRE	SENT				+135	=	OR	+270=			
* If th	ne difference in co	olumn 1 is	less than :	zero, enter "0" i	n column	12	·	TOTA	L	OR	TOTAL	340		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							(Column 3)	SMA	ALL ENTITY	OR		R THAN ENTITY		
AMENDMENT A	B	REMA AFT	IMS INING TER DMENT		NU PRE	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
NDN	Total	. 5	8	Minus	**	68	=	x\$11:	= /	OR	x\$22=	7		
ME	Independent	<u>*</u>)	9	Minus	***	22	=	x41=	: /	OR	x82=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+135	= /	OR	+270=						
(Column 1) (Column 2) (Column 3)						TOT ADDIT. FI		OR	TOTAL ADDIT. FEE					
ENT B		CLA REMA AFT	IMS INING		HIC NU PRE	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
MON	Total	*		Minus	**		=	x\$11:	=	OR	x\$22=	-		
AMENDME	Independent	*		Minus	***		=	x41=	=	OR	x82=			
V	FIRST PRE	SENTAT	ION OF	MULTIPLE	DEPE	NDENT CL	AIM	+135	=	OR	+270=			
		(Colu	mn 1)		(Co	olumn 2)	(Column 3)	TOT ADDIT. F		OR	TOTAL ADDIŢ. FEE			
AMENDMENT C		CLA REMA AFI AMENI	INING		NU PRE	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
MQN	Total	*		Minus	**		=	x\$11	-	OR	x\$22=			
ME	Independent	*		Minus	***		=	x41=	:	OR	x82=			
·	FIRST PRE							+135	=	OR	+270=			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.														